

Document Information Form

Mine Number: C/007/006

File Name: Incoming

To: DOGM

From:

Person N/A

Company SEDGWICK JAMES OF TENNESSEE, INC.

Date Sent: N/A

Explanation:

BROKERS STATEMENT.

cc:

File in: C/007/006, Incoming

Refer to:

- Confidential
- Shelf
- Expandable

Date _____ For additional information



Sedgwick James

Sedgwick James of Tennessee, Inc.

4700 Old Kingston Pike, Knoxville, Tennessee 37919

Telephone (615) 584-9101. Telex 8105830073. Facsimile (615) 584-2150/588-1153

BROKERS STATEMENT

The retroactive date of this policy is 7-1-89. It is the underwriters position that no occurrences prior to the above stated date will be covered by this primary policy number RMGL3252826.

To our knowledge no extended reported period options offered by prior primary general liability policies have been purchased or otherwise activated.

The optional extended reporting period under this policy is 60 days, which has not been activated at this time.

Signed: *[Handwritten Signature]*

Date: 7/3/91

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No 0028 Date _____
In C/ 007, 006, Incoming
For additional information

CERTIFICATE CANCELLATION

(The following replaced wording contained on the face of the certificate of insurance).

Should any of the above described policies be changed and/or cancelled before expiration date thereof, the issuing company will mail (certified) 45 days written notice to the certificate holder named.

Signed: 

Date: 7/3/91

Policy Number: RMGL3252826

Certificate Number: N/A

CYPRUS MINERALS COMPANY
INSURANCE AND RISK MANAGEMENT DEPARTMENT
INSURANCE SUMMARY REPORT

Page Number:

Report Date: 07/03/91

Client Code: 4430
Client Name: CYPRUS MINERALS CO.

Policy line being summarized: GL
Policy coverage name: GENERAL LIABILITY

Named Insured: CYPRUS MINERALS COMPANY

Insurer's Name: NATIONAL UNION Best's Rating: A+XV

Policy Number: RMGL3252826 Policy Form: CM

Policy Inception Date: 07/01/91 Expiration Date: 07/01/92
Policy Retro. Date: 07/01/89

Deposit Premiums: \$160000.00 Loss Sensitive? YES
Final Audit Premium \$0.00
Policy Limits: 2,000,000 PER OCC. \$4,000,000 GENERAL AGGREGA

Report Claims to: SEDGWICK JAMES OF TENNESSEE, INC.
Street Address: 4700 OLD KINGSTON PIKE
P.O. Box: 19810
City: KNOXVILLE State: TN Zip: 37939

The following will show any known special claims reporting requirements.

AIGRM REQUIRES THAT ALL CLAIMS THAT MIGHT BE COVERED UNDER THIS POLICY BE REPORTED TO SEDGWICK JAMES REGARDLESS OF SIZE. FAILURE TO REPORT SUCH CLAIMS COULD JEOPARDIZE THE INSURER'S RELATIONSHIP OR LEGAL STATUS IN ANY GIVEN STATE.

Is this a shared layer policy? (Y/N) NO
Describe layer participation.

Explain any special limits.

Deductibles Applicable: \$
Describe special deductibles.

Is there required underlying coverage? (Y/N) NO
Describe underlying insurers and limits:

Rating Basis: LOSS AND EXPENSE
Rating Base Values: LOSSES

Notable Policy Provisions:

EXCLUSIONS:

1. *Bodily injury or property damage expected or intended and or which the insured is obligated to pay damages by reason of the assumption of liability in a contract or agreement and intoxication, furnishing of alcoholic beverages.*
2. *Workers Compensation*
3. *Pollutants*
4. *Ownership, maintenance, use or entrustment to others of any aircraft, auto, or watercraft greater than 26 feet.*
5. *Mobile Equipment*
6. *War*
7. *Property in your care, custody or control*
8. *Property damage to your product*
9. *Damages claimed for any loss for the loss of use, withdrawal, recall, inspection, repair, replacement, adjustment, removal or disposal of: your product, your work, or impaired property.*
10. *Nuclear Energy*
11. *Asbestos*
12. *Radioactive Matter*

General Comments and Observations:

BROKER: SEDGWICK JAMES OF TENNESSEE, INC.
ADDRESS: P.O. BOX 19810
KNOXVILLE, TENNESSEE 37939

PHONE: 615-584-9101
FAX: 615-588-9755 OR 615-588-1153

Page Number:

POLICY TERRITORY: USA, CANADA

*UNDERWRITER'S NAME: MR. JASON TAMBLYN
AIGRM
#5 CONCOURSE PARKWAY, SUITE 900
ATLANTA, GA 30328*

*PHONE: 404-671-2233
FAX: 404-399-4146*

Information Input By: KEN SLOAN

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